

NHS Lothian and the University of Edinburgh

Job Planning Framework Document

For

Consultants, Associate Specialists, Specialty Doctors and Clinical Academics

2021/22

TABLE OF CONTENTS

	Page	
1	Introduction from Medical Director	4
2	An Introduction to Job Planning	6
	2.1 Job Planning in NHS Lothian	6
	2.2 To whom does this Framework Apply?	7
	2.3 Approach to Job Planning	8
3	The Context for Job Planning	9
	3.1 Service Needs	9
	3.2 How does Appraisal differ from Job Planning?	9
	3.3 Discretionary Points	9
	3.4 Working Time Regulations	10
	3.5 Pay Progression	10
	3.6 Leave for Consultants and SAS Doctors	10
	3.7 Leave for Clinical Academic Consultants	10
	3.8 Public Holidays	11
4	The Components of Job Planning	12
	4.1 Introduction	12
	4.2 Direct Clinical Care	12
	4.3 Clinical Activity and Clinically Related Activity	13
	4.4 Predictable and Unpredictable Emergency Work	14
	4.5 On Call Activity	15
	4.6 Payment of an On Call Availability Supplement	15
	4.7 Provision of On Call	16
	4.8 Cross Cover for Annual and Study Leave	17
	4.9 Supporting Professional Activity	17
	4.10 Programmed Activity Split between Direct Clinical Care and other Job Plan Activity	17
	4.11 Roles within SPA Time	18
	4.12 Counting Teaching Activity Undertaken in DCC Time	18
	4.13 Recording Outputs from SPA	18
	4.14 Timetabling of SPAs	18
	4.15 Further Guidance	18
	4.16 Teaching and Education	19
	4.17 Postgraduate Training Activities	20
	4.18 Research (NHS Consultants and SAS Doctors)	21
	4.19 Local Governance and Audit Activities, CPD, Statutory Training, Job Planning and Appraisal	21

4.20	Local Management Meetings	22
4.21	Additional NHS Responsibilities (ANR)	23
4.22	Clinical Manager Roles	23
4.23	Local Governance and Audit Lead Roles	23
4.24	Time-Limited Board Projects	24
4.25	External Duties	24
4.26	Work for Charitable Organisations	25
4.27	Private Practice Activity	25
5	Clinical Academic Activity	27
5.1	Introduction	27
5.2	Job Plan Components	27
5.3	Agreement of Clinical Academic Programmed Activities	28
6	The Job Planning Process	29
6.1	Specialty Specific Guide Preparation	29
6.2	The Job Plan Meeting	30
6.3	Role of Consultants and SAS Doctors in Job Plan Preparation	30
6.4	The Job Plan Review Meeting	31
6.5	The Discussion and Outcome	31
6.6	Follow Up After the Job Plan Review Meeting	32
	Appendix I – Template for Specialty Guide to Job Planning	33
	Appendix II – Glossary of Terms	34
	Appendix III – Electronic Job Planning Settings – Non-Clinical Activities	37

1. Introduction from the Medical Director

NHS Lothian has a distinguished history and a positive future as a centre for excellent healthcare; teaching; training and research. The strength of the Board and its services is dependent largely on the quality of its Consultant, Associate Specialist and Specialty Doctor (SAS) medical and dental staff. We need to sustain and develop the performance of current Consultants and SAS doctors and dentists as well as trying to attract the best doctors to join us.

Being a Consultant or SAS doctor in NHS Lothian brings both opportunities and expectations. Consultants and SAS doctors should have the opportunity to combine high quality clinical work alongside committed and supportive colleagues with other activities including teaching, training, research; service development and innovation; clinical governance and external duties. Together, all of these activities enhance our success as a teaching Board and improve the quality of our care as health care organisation. At the centre of the Consultant and SAS doctor contracts is the job plan, which details in full the wide contribution that each doctor makes to the Board.

NHS Lothian has a major role as an institution for teaching and training and both the income for that activity and the outputs from it are now expected to be explicit. Similarly, income for research to the Board is now much more clearly related to activities and outputs. There is information in this guidance on supporting professional activities which reflect these changes and the importance of these activities within core Health Board business.

In addition, most specialties now undertake an annual cycle of business and capacity planning. In acknowledgement of this, further emphasis is being placed on the process of developing job plans across a specialty. Planning the Consultant and SAS doctor workload for the year ahead is necessary to match expected service needs as well as education and research requirements. Team job planning in this way will allow Consultants and SAS doctors to be flexible about changing the proportion of management; education; research and clinical care components in their job plans at different phases of their careers. Team job planning does not remove the contractual right of Consultants and SAS doctors to agree individual job plans with their clinical manager.

It is anticipated that the annual job planning guidance (which summarises most of the key elements of this document) should be sufficient to support Consultants and SAS doctors to undertake job planning most of the time, and to address any issues that may arise between job planning rounds. However, this Framework Document provides more detailed guidance on specific areas for reference. Where nationally agreed documents are produced, their direction would be included within this Framework document. The Framework Document will be reviewed on an annual basis.

In addition to job planning, there are a number of expectations of Consultants and SAS doctors in NHS Lothian.

Annual Appraisal

Although managed separately, the Appraisal and Job Planning processes are linked. Appraisal should support an individual's personal and professional development, whilst Job Planning will be used to review the individual's contribution to service delivery. All Consultants and SAS doctors will be appraised annually. This is a requirement for revalidation as well as being a contractual requirement for pay progression.

At annual job plan review, each Consultant and SAS doctor will need to demonstrate:

- As a minimum requirement, annual job planning using the e-job plan electronic tool, as electronic job planning is rolled out across individual specialties.
- Annual participation in relevant mandatory and statutory training. Medical staff are encouraged to complete all mandatory training using the South East Scotland doctors' learnpro platform.
- Compliance with GMC training requirements for all Consultants and SAS doctors undertaking any supervision of Junior Doctors (further information can be obtained from the Director of Medical Education).
- Participation in training for those Consultants and SAS doctors who are active in research (further information can be obtained from the Director of Research and Development).

Job planning will continue to develop each year as national guidance changes and local priorities develop. We will be updating this document on an annual basis and welcome feedback from Consultants and SAS doctors on how it can be improved.

This document has been developed in partnership with Local Negotiating Committee members.

Principles

There is an expectation that typically, full time staff will be available to work 42 weeks per year, once annual leave, study leave and public holidays are taken into account.

Clinical activity can only be cancelled following six weeks notice and should be for the purpose of annual leave, study leave or professional leave, or for any other activity agreed with the Medical Manager, as appropriate. Sometimes, on rare occasions, clinical activity may require to be cancelled within the six week period. In these instances, permission to cancel must be agreed with the appropriate Clinical Director.

SIGN OFF

Tracey Gillies	Simon Edgar	Moira White
Medical Director	Director of Medical Education	Head of Edinburgh Medical School
NHS Lothian	NHS Lothian	University of Edinburgh
Tim Walsh	Lewis Morrison	
Director of R&D	Chair	
NHS Lothian	Local Negotiating Committee	

2. An Introduction to Job Planning

2.1. Job planning in NHS Lothian

This framework has been developed to support the delivery of a transparent and fair approach to job planning for all Consultants and SAS doctors with activity in NHS Lothian. It has been designed to support both those undertaking job planning as well as those conducting reviews.

This Job Planning guidance has evolved since the introduction of the new Consultant contract in 2004, and the new SAS doctor contracts in 2008 (hereafter referred to as the new contracts). It has been developed by the Medical Directorate and has been subject to a consultation exercise with representatives from the Local Negotiating Committee, Service Managers and Human Resources. It has been approved by the Joint Management Team, of NHS Lothian.

NHS Lothian's job planning process aims to achieve the following outcomes:

- The production of an agreement that details attendance and activity expectations for the year ahead. All agreements have undergone a robust review process and are clearly documented for future reference.
- Activity expectations to be based typically on a 42 week working year for the majority of staff.
- Individuals involved in Job Planning are able to state that they have been treated fairly at all times during the process
- A closer alignment between the objectives agreed in job plans and the Board's strategic objectives.

This Framework provides details on the approach that should be taken for job planning, the specialty based approach which has been developed and detail on the application of the various components of the job plan.

It should be read in conjunction with the Terms and Conditions of Service for all career grade medical and dental staff, namely:

- Terms and Conditions of Service for Hospital Medical, Dental and Public Health Medicine Consultants - The New Consultant Contract 2004
- Terms and Conditions of Service – Specialty Doctor (Scotland) 2008
- Terms and Conditions of Service – Associate Specialists (Scotland) 2008
- Terms and Conditions of Service – Associate Specialist 2003

As well as the agreed national Terms and Conditions of Service, national Guidance has been produced to support job planning. Links to these documents can be found on the NHS Lothian Intranet, using the following link:

<http://intranet.lothian.scot.nhs.uk/NHSLothian/Corporate/A-Z/HRMedicalDentalStaff/JobPlanning/Pages/default.aspx>

Overall, job planning in NHS Lothian is the responsibility of the Board Medical Director.

Professional accountability for medical and dental staff is delegated to the Medical Director for University Hospital Services.

Day-to-day performance management of job plans for consultants and SAS doctors is managed through the Board's operational management structure.

The agreement and review of individual job plans will be delegated through the Medical Line Management structure. However, the responsibility for demand and capacity planning and the contribution that job planning makes to this process lies with General Managers / Site and Service Directors / Head of Health for CHPs (hereafter referred to as 'General Managers'). Service Managers will be involved in discussions with Clinical Directors to agree job plan content, and may be present at job planning meetings only with the agreement of the individual consultant / SAS doctor.

2.2. To whom does this Framework apply?

- NHS Consultants and SAS doctors employed by NHS Lothian
- NHS Consultants and SAS doctors employed by other NHS Boards who undertake activity on behalf of NHS Lothian will be offered the opportunity to complete an electronic job plan
- Clinical Academic Staff employed by the University of Edinburgh who undertake activity on behalf of NHS Lothian
- Locum doctors, who may be employed on a fixed-term, NHS Lothian contract of employment: through the Bank, or an external Agency.

For Clinical Academic staff, the job planning process will be undertaken in conjunction with the University of Edinburgh, via the Head of Edinburgh Medical School or a nominated representative.

For Consultant and SAS doctors on joint appointments with other NHS Boards the job planning process should be linked. Ideally this would culminate in one joint meeting with both employers and the Consultant or SAS doctor to agree the job plan. Recognising that this is not always possible, as a minimum, each Consultant or SAS doctor with a joint job plan will be able to record their NHS Lothian commitments in the electronic job planning system, following training.

For Consultants and SAS doctors who remain on the old contract, annual job planning remains an obligation and the approach set out in this document is as applicable for those on the old contract as it is for those on the new contracts. Whilst the language of job planning for those on the old contract will necessarily be somewhat different, the approach should be similar with the Terms and Conditions of Service.

Specific arrangements apply to job planning for locum Consultant and SAS appointments. It is reasonable to assume that a locum is likely to have fewer Supporting Professional Activities (SPA activities) covering teaching and education, local governance and audit, Continuing Professional Development (CPD), research and management commitments than employees with substantive contracts. Normally 1 SPA and a maximum of 1.5 SPAs, in full time locum contracts should be applied. Refer to Section 4.4.2 of the consultant contract for part timers' entitlement.

It is anticipated that salaried GPs will be able to use the software in the future, however, there will be no requirement for them to use the system in the job planning round 2017/18.

2.3. Approach to Job Planning

Participation in job planning has been an agreed requirement under national terms and conditions of service for Consultants and SAS doctors, since 2004 and 2008, respectively. Nationally agreed guidance has been developed to support the job planning process for both groups.

The national guidance for Consultants and SAS doctors both define job planning as:

‘A prospective agreement that sets out a Consultant / SAS Doctor’s duties, responsibilities and objectives for the coming year. It should cover all aspects of a Consultant / SAS doctor’s professional practice including clinical work, teaching, research, education and managerial responsibilities. It should provide a clear schedule of commitments. It should include personal objectives, including details of their link to wider service objectives, as well as details of the support required by the Consultant / SAS doctor to fulfil the job plan’

Job planning should be seen as more than a timetabling exercise. It should be a systematic activity designed to produce clarity of expectation for employer and employee about the use of time and resources to meet individual, departmental and service objectives. Through an annual process, Clinical Managers need to agree individual and team programmes of work that contribute to the overall delivery of services, with Consultant and SAS colleagues. Job planning should be based on a partnership approach.

As part of this approach the review of Extra Programmed Activities (EPAs) or Additional Programmed Activities (APAs) is a key part of the job planning process.

Contracts for Programmed Activities (PAs) above the substantive contract of employment are temporary. As with all other programmed activities, the activities undertaken within all EPAs / APAs will be explicitly agreed and recorded in the job plan. Following review either party can initiate the reduction of EPAs / APAs, with a 3 month notice period.

The job planning process should be seen as an opportunity to review the way in which:

- services are organised and Consultant and SAS doctor time is utilise
- the organisation supports Consultants and SAS doctors and employs the skills of all staff contributing to the delivery of service
- NHS Lothian does not expect individual doctors to be contracted to work in excess of 48 hours (12 Programmed Activites). All job plans will be reviewed on an annual basis, to ensure they comply with Working Time Regulations. In exceptional circumstances, there may be a service requirement to contract individuals to work in excess of 48 hours. These arrangements will be time limited, and will be reviewed, as a minimum, on a six monthly basis.
- Following completion of the annual job planning process, the Head of Medical Workforce Planning will run a report from the system, detailing the total PAs for all medical staff. This report will be scrutinised by the Medical Director (Acute) and Medical Director.

3. The Context for Job Planning

Consultant and SAS doctor job planning is linked to a number of other activities in the calendar year. It is also the basis on which certain employment conditions are assessed, such as compliance with the Working Time Regulations.

3.1. Service Needs

Job Planning should be conducted in a spirit of partnership between individual doctors and their Clinical Manager. The objectives of these two parties should be considered jointly during the process.

In order to effectively plan all aspects of service delivery through the job planning process, Clinical and Service Managers need to first understand the demands on the service and subsequently their current capacity to meet this demand. This allows them to understand where changes to job plans are required.

Job plans may need to be reviewed in-year to take account of changes in activity.

Departments are required to complete and publish a Specialty specific job planning Guide prior to the start of the electronic job planning process. This Guide will detail the standards and tariffs that each Specialty will apply to the Direct Clinical Care element within job plans. As job planning is an iterative process, these Guides will be reviewed year on year. Information required in each Guide is provided at Appendix 1.

3.2. How does Appraisal differ from Job Planning?

The focus of appraisal is the review of a doctor's professional achievements, a discussion about their continuing clinical progress and identification of their personal development needs. It is the cornerstone for revalidation and is retrospective in nature.

Job planning on the other hand is associated with duties, responsibilities, workload, salary progression and pay and is prospective in nature.

Although job planning should take account of the professional development needs of Consultants and SAS doctors, the primary aim is to align the workload and objectives of Consultants and SAS doctors to Board-wide objectives.

Completed job plan documentation will form part of the professional portfolio that Consultants and SAS doctors need to keep up to date for appraisal and revalidation processes.

3.3. Discretionary Points

Consultants and SAS doctors must have an agreed, signed off job plan in place for the 12 month period covering Discretionary Points applications. Applications for Discretionary Points will not be considered unless this is in place.

3.4. Working Time Regulations

In the interests of the working lives of individual Consultants and SAS doctors, and to comply with employment law, NHS Lothian is committed to working within European Working Time Regulations (EWTR).

3.5. Pay Progression

The Terms & Conditions of Service for the new 2004 Consultant contract and 2008 SAS contracts makes provision for a salary that rises through a series of seniority points or pay thresholds. Passing through the thresholds is not automatic and specific criteria have to be met, although it is expected that progression will be the norm.

Please follow these links for more detail on specific contractual requirements, for

- **Consultants** – <http://www.msg.scot.nhs.uk/wp-content/uploads/Consultant-contract-2007-version.doc> (Section 5)
- **Associate Specialists and Specialty Doctors** – <http://www.msg.scot.nhs.uk/wp-content/uploads/PCS2008DD071.pdf> (Schedule 15)

3.6. Leave for Consultants and SAS Doctors

Leave for NHS Consultants and SAS doctors amounts to ten weeks per annum. All leave applications must be requested and approved in advance of the leave being taken and should comply with the 6-week rule. The leave comprises:

- *Six weeks plus three days Annual Leave, (NOTE: Specialty Doctors leave entitlement is five weeks plus three days until they complete two years on the Specialty Doctor grade)
- *Eight days Public Holidays, and
- An average of two weeks Study and Professional Leave (30 days over three years)

In accordance with the local NHS Lothian arrangement

3.7. Leave for Clinical Academic Consultants

The annual leave entitlement for University employed Clinical Academic staff amounts to 36 days per annum, pro rata for part time staff. The annual leave year runs from 1 January to 31 December.

In addition staff are entitled to:

- four University Public Holidays each year: Christmas Day, Boxing Day, New Year's Day and the day following New Year's Day, pro rata for part-time staff
- An average of two weeks NHS Study and Professional Leave (30 days over three years) pro-rata to the NHS PA element of the job plan

It should be noted that time for attendance at conferences is a normal part of the academic role and does not need to be recorded as study leave except where it is being accounted for within the NHS element of the job plan.

The timing of leave must be agreed in advance with both your Head of School or nominated deputy and your NHS organisation in accordance with agreed NHS procedures. Clinical commitments may mean that leave cannot always be taken on the designated Public Holidays and in such cases an alternative days leave may be taken in lieu.

3.8. Public Holidays

Departments should consider how to minimise the impact on service where a disproportionate amount of public holidays fall on a Monday.

4. The Components of Job Planning

4.1. Introduction

Job planning in NHS Lothian for NHS employed staff is made up of 6 core components; emergency work, direct clinical care, supporting professional activities (to include Teaching and Research), additional NHS responsibilities, external duties and private practice activity. A full breakdown of the activity associated with each heading is provided in Appendix II.

Job Plans for University employed Clinical Academics with Honorary NHS contracts comprise the NHS components listed above plus a University element. For Clinical Academics Research and Undergraduate Teaching should be recorded within the University element of the job plan and NOT within the SPA component of the NHS element.

Each component should be assessed individually, with average weekly programmed activities being defined and agreed. Where this is not possible the time commitment necessary for each activity should be defined over a longer period to allow translation into programmed activities. These should then be brought together as a defined weekly / monthly / annual work programme, or Job Plan.

For those Consultants and SAS doctors on the new contracts, the final job plan provides the basis of the contractual duties agreed between the individual and their substantive employer and will determine the individual's pay.

It is recognised that work undertaken by NHS Lothian and the University of Edinburgh may mean that there will be variances between the time spent on various components of the job plan between individuals and across specialties / directorates. It is the responsibility of Clinical Directors and Heads of School or nominated deputies to determine the appropriate application of these components locally.

Specialty specific guides will be developed. These guides, based on Royal College guidance where appropriate, will outline the key variances for specialties. The guide will be accessed online, via the electronic job plan system.

4.2. Direct Clinical Care

Introduction

Direct Clinical Care is defined as:

'work directly relating to the prevention, diagnosis or treatment of illness that forms part of the services provided by the employing organisation under section 3(1) or section 5(1)(b) of the National Health Service Act 1977. This includes emergency duties (including emergency work carried out during or arising from on-call), operating sessions including pre-operative and post-operative care, ward rounds, outpatient activities, clinical diagnostic work, other patient treatment, public health duties, multi-disciplinary meetings about direct patient care and administration directly related to the above (including but not limited to referrals and notes).'

There is a desire for parity across the organisation regarding the approach to the calculation of PA values associated with Direct Clinical Care. In order to achieve this, specialties will clearly identify time-tabled Clinical Activity and the associated, but potentially non-timetabled Clinically Related Activity.

4.3. Clinical Activity and Clinically Related Activity

The Clinical Activities defined below are examples of those activities that are normally timetabled, where the individual would be expected to attend at a fixed time.

The items listed under Clinically Related Activities, are examples of those which are essential for the complete delivery of items listed under clinical activity but do not necessarily have to be undertaken at a specific time. Neither list is exhaustive.

The combination of Clinical Activity and Clinically Related Activity will be agreed by Clinical Managers and Service Managers in a fixed ratio that will reflect the norm for each specialty and will be incorporated into Specialties Guides. There may be differences between specialties, depending on the length of each Clinical Activity and the type of associated activities necessary to support the delivery of the CA, but all individuals within a specialty will be treated equitably, with due regard to their experience.

The nature of work in some departments (for example Clinical Biochemistry, Histopathology and Intensive Care) may mean that there is no clear difference between the time spent on Clinical Activity and Clinically Related Activity. All time spent on Clinical Activity and Clinical Related Activity will be counted within the Direct Clinical Care section of the job plan.

Clinical Activity (CA)	Clinically Related Activity (CRA)
Out-patients	Pre & post-op assessments
In-patient theatre (inc set-up & post-op care for Anaesthetists)	Consent taking
Day case theatre	Patient-related administration, including notes, reports, referrals, correspondence, clinically related emails
Clinical interventions – e.g. endoscopy lists	GP Communication
Intensive Care sessions	Patient Communication
Sub-specialty clinical activity	Communication with relatives
Post-take Ward Rounds	travelling between sites
Clinical diagnostic work	MDT meeting preparation
Ward Rounds	Mental Health Act
Multi-disciplinary Team Meetings	
Public Health duties	
The balance of time spent by individuals on items listed in each box will vary from specialty to specialty and will be defined in Specialty Guides.	

Example 1:

CA:	Vascular Out-Patient Clinic	3.5 hours
CRA:	GP communication / Administration	30 minutes
	Total DCC time	4 hours
	Total PA Value	1 PA

Travel to peripheral clinical commitments (included within CRA):

The time spent travelling in the course of fulfilling duties and responsibilities agreed in the job plan will be counted as part of agreed programmed activities. This will include travel to and from base to other sites, travel between sites, travel when recalled from home during on-call periods (but not normal daily journeys between home and base), and 'excess travelling time'. 'Excess travelling time' is defined as time spent travelling between home and a working site away from base less the amount of time normally spent travelling between home and base.

4.4. Predictable & unpredictable emergency work

In addition to the above, Direct Clinical Care includes all emergency work. This is the first call on time in job plans, for those doctors with emergency work agreed as part of their job plan. Emergency work falls into two categories, predictable and unpredictable. This should be programmed into the working week, where possible.

Predictable emergency work is that which takes place at regular and predictable times, often as a consequence of a period of on-call work (e.g. post-take ward rounds).

Unpredictable emergency work is that which arises from on-call duties: that is work done whilst on-call and associated directly with the Consultant or SAS doctor's on-call duties e.g. recall to hospital to operate on an emergency basis. It should be based on a diary card exercise which should be undertaken over a representative period of time annually or bi-annually, if the intensity of work has not changed significantly from the previous year. This should involve recording the average hours an individual spends on travel and in the hospital unpredictably during a week on call. These hours are then divided by the frequency of the rota (to include prospective cover) and annualised – e.g. 12 hours plus travel during an average on-call week, during prime time out of hours, on a 1 in 4 rota when a PA measures 3 hours in length would produce 1 PA weekly on an annualised basis

On-call work that takes place during a period of scheduled Programmed Activity (that is not counted within the job plan as Emergency Work) will not count as additional work.

As with CA and CRA, the predictable and unpredictable emergency work will vary by specialty. The time allocated for each rota should be agreed annually by Clinical and Service Managers, and will be included within the Specialty Guides.

Diary card exercises may be required to validate the emergency time on the rota (using the agreed electronic diary provided on the BMA website).

Travel associated with NHS emergencies:

Travel to and from work for NHS emergencies will count as working time. (Section 4.7 – Consultant TCS / Schedule 1 – SAS TCS) NHS Lothian requires all medical staff to live within 10 miles or 30 minutes from their base, unless agreed otherwise in writing. There will be a cap of one hour for a return journey from home to base, for travel time associated with emergency work.

4.5. On-call Activity

On call activity is recognised in the job plan in two ways:

- Payment of an on-call availability supplement
- Programmed activities in the job plan for predictable & unpredictable emergency work (within Direct Clinical Care)

4.6. Payment of an on-call availability supplement

For Consultants, the on call availability supplement payable is based on a percentage. This ranges from 1% to 8% of the full-time basic salary, and is determined by the frequency of the rota commitment. In addition, there are two levels which can be applied, Level 1 or Level 2, depending on the likelihood and rapidity of having to return to the hospital.

Supplements payable to part-time rota participants will be paid in accordance with their contribution compared to that of a full-time participant. For example if a part time consultant contributes to the rota on the same frequency as their full time colleagues ,they will receive the same on call availability payment – it is not paid on a pro rata basis. (Section 4.10 Consultant contract)

Frequency of Rota Commitment	Value of Supplement as a percentage of full-time basic salary	
	Level 1	Level 2
High Frequency: 1 in 1 to 1 in 4	8.0%	3.0%
Medium Frequency: 1 in 5 to 1 in 8	5.0%	2.0%
Low Frequency: 1 in 9 or less frequent	3.0%	1.0%

- **Level 1:** this applies where the Consultant is typically required to return immediately to site when called or has to undertake interventions with a similar level of complexity to those that would normally be carried out on site, such as telemedicine or complex telephone consultations
- **Level 2:** this applies where the Consultant can typically respond by giving telephone advice and/or returning to work later

For SAS doctors, the supplement payable is based on a percentage range of 2% to 6% of the full-time basic salary, which is determined by the frequency of the rota commitment, detailed below. (Schedule 14, Para 18 - SAS contract)

Frequency of Rota Commitment	Value of Supplement as a percentage of full-time basic salary
More frequent than or equal to 1 in 4	6%
Less frequent than 1 in 4 or equal to 1 in 8	4%
Less frequent than 1 in 8	2%

4.7. Provision of on-call

The following requirements must be developed for each specialty, regarding the provision of on-call services:

All Consultants and SAS doctors on call must be contactable and able to respond in a time that will not compromise patient care or result in an excessive wait for the patient. Departments will specify maximum response times in their Specialty Guides.

Whole Time Equivalent (WTE) will be used as the denominator to calculate the frequency of the rota. This allows for variations in contributions from part time staff, where appropriate. The frequency calculation will take account of prospective cover.

Staff who are required to be on call more frequently because they contribute to a sub-speciality rota as well as the 'general' rota will have this recognised in their job plan.

The philosophy within NHS Lothian is that all Consultants and those SAS doctors who agree to take part in on call, should contribute to the provision of continuing clinical care, including on-call. SAS doctors, although under no obligation to provide prospective cover for absent colleagues, will normally agree to do so and this would be included when calculating the PA value of their job plan and availability allowance. An SAS doctor who is unwilling to provide prospective cover will not be compelled to do so. There may be reasons why some colleagues or academic staff within specialties may not wish to participate in the regular on call rota, either temporarily or on a permanent basis. Before any changes are made to an existing rota, all colleagues who remain on the rota must agree to undertake any additional on call work.

If a Consultant or SAS doctor believes that, as a consequence of unpredictable emergency work arising from on call duties, he/she is unable to safely perform his/her duties on the following day there need to be arrangements within the specialty to provide cover for this eventuality. If this is a regular occurrence such work may require fixed compensatory rest periods, additional staff or a change in working pattern

If an eventuality results in sustained additional workload for a Consultant or SAS doctor, this workload must be reviewed between the individual and their Clinical Manager. Further information is available in the job planning guides for Consultants and SAS doctors.

4.8. Cross-cover for annual and study leave

Prospective cross-cover for on-call cover for annual and study leave is a contractual requirement for consultants, and should be rostered as such. This occurs across all care groups.

Clinical Managers must review the amount of time built into job plans for prospective cover for timetabled sessions as new posts are filled or job plans are re-arranged. When flexible prospective cover sessions are built into job plans, it is important that these are managed and recorded by departments, to ensure the cover is utilised.

4.9. Supporting Professional Activity

The following notes provide some introductory information regarding the allocation of Supporting Professional Activity (SPA) time in the job plan.

SPA time includes the following activities:

- Undergraduate Teaching (also known as Category B teaching – where the student is the focus of the encounter) (Clinical Academics to record this activity in the University element of the job plan)
- Postgraduate Training
- Research (Clinical Academics to record this activity in the University element of the job plan)
- Local Governance & audit activities
- CPD
- Job Planning and Appraisal
- Statutory Training
- Attendance at management activity (outside a formal management role)

4.10. Programmed Activity Split between Direct Clinical Care and other Job Plan Activity

Whilst the terms and conditions provide for a split between Direct Clinical Care and Supporting Professional Activities, each job plan will be agreed with the individual and their Clinical Manager. Individuals will need to account for the time they spend on SPA in the same way as they account for time spent on DCC. The assumption in NHS Lothian is that the average full time Consultant and SAS doctor job plan will include one Programmed Activity to cover SPA activities necessary for revalidation. This is called 'Core SPA' on the electronic system.

It is recognised that part time Consultant and SAS doctors are required to participate in the same SPA activities as their full time colleagues in order to fulfil the requirements for appraisal and revalidation: hence SPA allocation cannot be done on a pro rata basis. The job plan agreed between a doctor and his or her Clinical Manager must adequately support both DCC and SPA requirements for that role, acknowledging that some doctors will have more than one part time role.

Additional PAs for other SPA activity will only be allocated for those activities which fulfil the Board's guidance for other SPA activity. Educational and Training SPAs will be expected to support departmental undergraduate, postgraduate, non-medical education and training objectives and will be allocated across the specialty through a team job planning process, to ensure the specialty meets its Service Level Agreements with education providers. Not all Consultants and SAS doctors will take on education, training or research SPAs. Within a department some may take on more direct clinical care work while others have a greater emphasis on SPA activity. It is not intended to change the overall balance between DCC and SPA activity but to ensure that SPA activity is used within departments to support organisational objectives. So, to be clear, the typical split, when aggregated between all consultants and SAS doctors in a specialty should remain around the 7.5:2.5 split.

4.11. Roles within SPA time

Additional individual roles and responsibilities such as that of Training Programme Director will attract separate 'commissioned' PA time which can either be added to the job plan, if the total job plan remains within 12 PAs; or can replace DCC time if the Consultant and SAS wishes to keep their total job plan within 10 PAs and Service Manager approval is obtained and clinical backfill can be arranged.

4.12. Counting teaching activity undertaken in DCC time

It is assumed that 'Category A' Undergraduate teaching where the patient is the focus of the activity (such as teaching ward rounds and teaching clinics) is factored into the DCC component of the job plan. This may result either in a reduction in number of patients seen or lengthened time required to deliver the same amount of clinical activity. No time should be allocated for Category A teaching in the SPA component of job plans. It will be possible to record the time spent on Category A teaching in the electronic job planning software, as a measure of the impact on productivity of Undergraduate education on the clinical service but the time will not be counted twice.

4.13. Recording outputs from SPA

Consultants and SAS doctors should consider and will be given guidance on the evidence which will be required to support SPA activity when recording this in job plans. Research activity will need to be supported, normally with a demonstrable income, however, there may be other outputs from Research or other activities which may be considered as acceptable evidence. The evidence required to support outputs must be described clearly at the job planning meeting. . Note that University employed Clinical Academics should record Research within the University element of the job plan NOT within SPA time.

4.14. Timetabling of SPAs

SPAs should be conducted and timetabled as fully as possible in the electronic job plan. 0.5 PAs can be worked flexibly and may not necessarily be worked on an NHS Lothian site.

4.15. Further guidance

The following information is intended to provide guidance and is not deemed to be rigid. Activity not covered within this guidance may be entirely appropriate but would require Clinical Manager / Head of School or nominated deputy approval.

4.16. Teaching & Education

The working assumption in NHS Lothian is that a Consultant / SAS doctor who actively participates in teaching & education activities will require some time allocated to this in the SPA time.

For the purposes of job planning, teaching & educational activity includes:

- Undergraduate teaching (supported by Additional Costs of Teaching - ACT)
- Postgraduate training (supported by NHS Education Scotland – NES)
- Non-medical teaching

The Board receives in excess of £55.3millions per year to fund teaching and education activities and is required to evidence the outputs from this investment in order for the funding to continue. Effort should be taken to record in detail the teaching contribution of individual Consultants and SAS doctors and departments. In doing so, Specialties and Clinical Units are advised to consider their overall teaching requirement, in terms of programme supervision, teaching preparation, tutorials, lectures, exams, related to undergraduate, postgraduate or other healthcare teaching, excluding that which is delivered through clinical activity.

Undergraduate teaching supported by ACT (NHS Consultants and SAS Doctors)

As NHS Lothian is a teaching Board, Consultants and SAS doctors are expected and encouraged to participate in undergraduate medical education. This is currently supported by ACT income.

In the future it is likely that undergraduate training will move to a tariff based system and that Service Level Agreements (SLAs) will be developed between specialties and the Director of Medical Education (DME) to clarify both the undergraduate teaching income coming to departments and the level of outputs expected. When these SLAs are in place the job planning guidance will be revised.

Directorates are encouraged to average the teaching PAs across the department and will be expected to account for all the teaching to be delivered by the department. On average it is expected that no more than two hours per week of undergraduate teaching will be provided from SPA time (e.g. tutorials, lectures or clinical sessions set up specifically for teaching). This should be clearly labelled within the job plan. The rest will be delivered within DCC time which is already recorded as clinical activity on the electronic job plan and will not be counted again for job planning purposes.

Note that University employed Clinical Academics should record Teaching within the University element of the job plan and NOT within SPA time.

Specific Undergraduate teaching roles: The workload of an Undergraduate Education Lead or Local Module Lead is likely to be higher and therefore an appropriate allocation of time in the job plan will need to be identified for individuals undertaking these roles. The lead for the NHS co-ordination of Undergraduate teaching in each hospital is undertaken by Undergraduate Education Lead (1PA).

Other activities contributing to Undergraduate Education and associated tariffs are described fully on the NHS Lothian Medical Education Directorate webpage.

The following link should be used to access guidance provided by the GMC on the roles and responsibilities for those involved in the delivery of undergraduate teaching and postgraduate training <http://www.gmc-uk.org/education/10264.asp>

4.17. Postgraduate Training Activities

Clinicians must be trained to the level of the minimum training specification for supervisors. Those who undertake named supervisor roles (longitudinal supervision of trainees in either programme or placement) will require dedicated time in their job plans for supervision as well as a structure within which to develop regular appraisal for their supervisory roles. Note that University employed Clinical Academics should record Postgraduate training of junior doctors in the NHS element of the job plan and NOT the University element.

In future Consultants and SAS doctors will need to re-accredit as Named Educational or Named Clinical Supervisors on a five year cycle, in parallel with GMC revalidation. Training for supervisors will in future be monitored through the Consultant / SAS Appraisal process.

As part of their every day practice, all Consultants and SAS doctors will have responsibility for Clinical supervision of trainees i.e. oversight of the trainee in the workplace. This is within DCC. This is already a requirement the GMC's guide to Good Medical Practice. As the time is already accounted for under DCC activity, it does not need to be doubled counted as SPA activity.

As a teaching Board, we expect most Consultants and SAS doctors to be involved in the education and training of postgraduate doctors. Such activity could include tutorials, lectures, workplace based assessments and interviewing and should be recorded within the SPA component of the job plan.

Those Consultants and SAS doctors who undertake Named Supervisor activity – i.e. the provision of longitudinal oversight of junior doctors training, should record this formally in the job plan. An allocation of 1 hour per trainee per week would be required in the job plan.

Additional training and education activities / roles such as those detailed below will attract separate PA time which can either be added to the job plan, if the total job plan remains within 12 PAs; or can replace DCC time if the Consultant / SAS doctor wishes to keep their total job plan within 10 PAs and agreement is reached, through the job planning process.

The following times are indicative, and agreement will be reached with individuals as part of the job planning discussions, once they have been appointment to these roles.

- **Training Programme Director.** The recommendation from the South East Deanery is that this will require a pro rata PA allocation, per week determined by the number of trainees allocated to each department. The current levels are detailed at Appendix III of this guidance. Training programmes are led by Programme Directors who have responsibility for the management of both trainees and their programmes.
- **Foundation Programme Director.** The recommendation from the South East Deanery is that this will require 1 PA, per week (minimum) per 12 trainees. Foundation Training Programme Directors are responsible for the overall management and quality control of a Foundation Programme that consists of six placements designed for Foundation Training across the local health economy.
- **Royal College Tutor.** Allocation of time for this role will be determined at the job planning meeting on an individual basis, as deemed necessary.
- **Director of Medical Education.** The recommendation is that this will require agreed with the post holder at appointment.

- **Other formal educational appointments.** The Postgraduate Faculty includes a number of other educational appointments such as those with responsibility for GMC standards, for Consultant and SAS training and for Run Through training. There is no firm allocation of PA time for such roles currently therefore agreements will be reached with individuals on appointment to these roles.

Non-medical teaching is becoming an increasingly important aspect of educational supervision and in the future, is expected to require more formal time from Consultants and SAS doctors. Further guidance on this will be provided once there is clarity about its position within the national tariff.

4.18. Research (NHS Consultants and SAS doctors)

The Board receives income for eligibly funded research (see below) from the Chief Scientists Office of the Scottish Government as part of its NHS Research Scotland (NRS) allocation. Income for research may also be derived from grants and from commercial studies.

NHS Consultants and SAS doctors should ensure that allocation of their research time is associated with an income stream. Research PAs can be funded through one of the following mechanisms:

- Directly paid by the research activity (direct research cost)
- An NRS Fellowship
- Ongoing eligibly funded research.

Note that University employed Clinical Academics should record Research within the University element of the job plan and NOT within SPA time.

Research PAs should not be allocated where there is no evidence of eligibly funded research activity. Research PAs should be allocated with the agreement of the Clinical Director and Director of R&D for NHS Lothian. They will be reviewed at the annual job plan review meeting.

Research SPAs may be allocated for a three-year term with continued funding based on performance of research outputs. NHS consultant and SAS doctors applying for them need to demonstrate that they have agreed potential arrangements for clinical backfill with their Clinical Director and that there is funding for this time, from the R&D Director

NHS consultants and SAS doctors who are in receipt of research PAs will be expected to recruit patients to appropriate studies and to have completed appropriate training and annual re-certification

Some NHS consultant and SAS doctors with a high level of commercial or grant funded research activity may negotiate extra research PAs (either to replace direct clinical care or, in addition to their basic contract to take them up to a maximum of twelve PAs). This can be arranged in discussion and by agreement with the Clinical Director, Service Manager and R&D Director, provided income to support these PAs is identified from the research monies.

A list of eligible funders can be found at:

<http://www.cso.scot.nhs.uk/SuppScience/NRS/NRS%20funding%20guidance%202012%20-%20Annex%202.pdf>

4.19. Local Governance & Audit activities, CPD, Statutory Training, Job Planning & Appraisal:

The working assumption in NHS Lothian is that all Consultants and SAS doctors will require up to 1 PA of SPA time to recognise a combination of activities through the course of a year, to include Local Governance & Audit activities, CPD, Statutory Training, Job Planning & Appraisal and enable them

to demonstrate fitness for revalidation. This is called 'Core SPA' in the electronic job planning system.

Local Governance & Audit activity

Whilst clinical governance and/or audit activities are considered to be an integral part of all clinical activity and therefore difficult to identify separately in the job plan, it is recognised that there may be times when Consultants and SAS doctors are required to undertake clinical governance / audit activity at a time when clinical activity is not being undertaken e.g. Clinical Governance or Audit meetings. The time required for this activity should be recorded as part of the Supporting Professional Activity time in the job plan. All other clinical governance/audit activity will be assumed to be undertaken as part of Direct Clinical Care and therefore the time is already allocated in the job plan.

Information on the expected attendance at such meetings, per specialty, will be provided in the specialty by specialty guidance notes.

CPD

Attendance at departmental education meetings such as journal clubs and academic meetings should be recorded in this section of the job plan.

Statutory / Mandatory Training

Statutory Training, includes topics such as infection control, fire, protecting vulnerable adults and children. This training will be regularly reviewed by the Medical Directorate and guidance on mandatory training will be issued with the annual job planning guidance, along with an approximation of time this is likely to take.

Attendance at mandatory training sessions will be reviewed through the Consultant and SAS doctor job planning process, and can be accessed through the South East Scotland doctors' learnpro platform.

Job Planning & Appraisal

Job Planning & Appraisal are annual events and are included within the 1 PA for Core SPA.

Appraisers will be allocated 0.5 PA for every 10 appraisals, or pro rata based on this tariff.

4.20. Local management meetings (outside a formal management role)

It is recognised that a number of Specialties / Departments hold management meetings on a weekly, fortnightly or monthly basis. The time required to attend such meetings should be recorded in the job plan as part of the Supporting Professional Activity time. This time is considered to be over and above the 1 PA allocated to Core SPA.

If attendance at the meeting replaces another activity previously counted in the job plan – e.g. the monthly meeting occurs during the first hour of a weekly clinic, then the job plan should be amended accordingly to reflect and show separately this SPA time and reduce the DCC included in the job plan.

Information on the expected attendance at such meetings, per specialty, will be provided in the specialty by specialty guidance notes.

4.21. Additional NHS Responsibilities (ANR)

Additional NHS Responsibilities are those responsibilities which are undertaken internally to the Board ~ i.e. roles / responsibilities undertaken within NHS Lothian, on behalf of the Board, and will include:

4.22. Clinical Manager Roles

The tenure of these appointments will be three years, in the first instance, and will be renewed following satisfactory managerial appraisal. Time must be allocated in the job plan for these roles. The allowance will be passed on within the clinical area to the next post holder.

It is recognised that Clinical Director roles carry a significant workload. It is anticipated that, as a norm, the time required will be as detailed below. In some cases Clinical Directors may delegate work to other colleagues and therefore limit their own PA requirement. This must be agreed with the Associate Medical Director and Service Manager. This should be acknowledged in the job plan.

It is recognised that there may be situations when this time allocation is not sufficient and it may be necessary for the Clinical Director either to agree additional time within their own job plan or delegate to other colleagues whose job plan maybe altered accordingly. Individuals taking on these roles may, on appointment, wish to reduce their existing job plan in order to accommodate these duties. If not, the time should be added to the overall job plan, for the duration of the appointment.

- Associate Medical Directors (AMDs) ~ 2 - 5 PAs per week
- Clinical Directors (CDs) ~ 2 PAs per week
- Other Medical Management roles (in NHS Lothian, these may be called Clinical Lead or Professional Lead) – PA allocation will be agreed on an individual basis

Other Board Lead Clinician and Management Appointments

These are appointments made by the Board with defined duties outside the remit of the Directorate management structure for portfolio type activity. The time required to undertake these roles should be included in the job plan of the Consultant / SAS doctor undertaking the role. The remuneration / time commitment will be specified in the terms of the post, at the point of advertisement.

Lead Clinician roles for Services

Many Consultants and SAS doctors undertake the responsibilities of Lead Clinician for services. The time taken to fulfil these responsibilities / roles should be assessed as hours and translated to PAs in the Job Plan. The PA requirement must be agreed in advance with Clinical and Service Managers as appropriate.

4.23. Local Governance & Audit Lead roles

The time taken to fulfil such responsibilities / roles should be assessed as hours and translated to PAs in the Job Plan. The PA requirement must be agreed in advance with the Clinical and Service Managers as appropriate.

4.24. Time-limited Board Projects

There may be occasions when individuals are invited to participate in specific time-limited projects, which may or may not attract additional programmed activities. This will depend on the impact on the normal working week. Participation should be with the agreement of Clinical Managers and where applicable, Head of School or nominated deputies.

4.25. External Duties

External Duties are those responsibilities which are undertaken externally to the Board ~ i.e. roles / responsibilities undertaken on behalf of organisations other than NHS Lothian.

It is expected that Consultants and SAS doctors from NHS Lothian will undertake roles outside the Board which are of benefit to medical practice at regional, national and international level. Such appointments and responsibilities will be supported and facilitated, so long as they do not impact on clinical duties or any such impact is agreed in advance with the appropriate Clinical and Service Manager.

External Duties may have 2 components

- time required away from the hospital to fulfil the duty
- administration required to be undertaken during the normal working week, to support the duty

Administration required to support the duty will be undertaken in the Consultants or SAS doctor's allocated SPA time or in their own time and will not impact on direct clinical care.

If an individual receives either payment or an honorarium in respect of the external duty then no PA value should be applied within the individual's job plan or the payment should revert to NHS Lothian.

NHS Lothian would not wish to limit external duties undertaken by individuals unless they impact on the individual's ability to fulfil their NHS job plan.

There is an expectation that typically, full time staff will be available to work 42 weeks per year, in total, over all roles agreed in their job plan.

If there is a clash of timing between external duties and direct clinical care sessions it is expected that Consultant / SAS doctor will maintain the six weeks advance notice of cancellation of clinical duties. Similarly, pre-arranged external activities should be honoured.

Time taken for external duties should be recorded. Approval for leave must be agreed in advance, with the AMD / Clinical Lead and Service Manager, in accordance with NHS Lothian's Procedure for Managing Leave (available though HR On Line).

In taking this leave Consultant and SAS doctors should be sensitive to the increased workload undertaken by their colleagues, and therefore should attempt to schedule duties for work outside NHS Lothian, so as to minimise the loss of clinical commitments.

In exceptional circumstances arrangements may be made to accommodate senior national roles which occur on a regular basis. In such circumstances individuals should agree with the Clinical Director a variation in their job plan or additional professional leave allowance.

4.26. Work for Charitable Organisations

The time required to support roles / duties for charitable organisations is not recognised as part of the NHS working week and therefore does not attract PA assessment. Individuals working with charitable organisations should apply for Special Professional Leave, if absent from the hospital, during the normal working week and should ensure that they complete 42 weeks of clinical activities per year.

4.27. Private Practice Activity

The 'Code of Conduct for Private Practice' and the Terms and Conditions of Service outline the basis for the relationship between NHS and Private Practice activity. This Code applies to all Consultants and SAS doctors and is an essential criterion for eligibility for discretionary points / distinction awards.

NHS Lothian has developed a Procedure for the Management of Private, Overseas (Non-NHS) and Co-Payment Patients, which details how the relationship between NHS activity and Private Practice should be managed. This Policy is available on the Intranet

<http://intranet.lothian.scot.nhs.uk/NHSLothian/Corporate/A-Z/financeonline/Policiesprocedures/Forms/Pages/Privateandoverseaspatients.aspx>

All regular private practice activity should be recorded in the job plan, whether conducted externally or internally

The overriding principle for the governance of private practice activity alongside NHS commitment is that no individual should be paid twice for the same period of time. Recognising that private patients are treated within NHS Lothian, the following 'displacement' system has been developed to enable Consultant and SAS doctors to undertake low amounts of private practice activity during NHS working time. Any consultant or SAS doctor undertaking private practice on an NHS Lothian site must comply with the NHS Lothian's Financial Operating Procedure - The Management of Private, Overseas (Non NHS) or Co-payment Patients in NHS Lothian.

University employed Clinical Academic Consultants are not permitted to engage in private practice for personal gain where this involves the treatment of patients. Private Practice involving the treatment of patients is permitted only where the fees are remitted to the University.

Displacement

This applies to unscheduled private professional services or fee paying services

Where individual Consultant and SAS doctors, in their Job Plan, identify unscheduled private professional services or fee earning activity which will occur during the NHS working week and which on average amounts to less than two hours of activity per week, then agreement should be reached with the Clinical and Service Manager to allow this activity to take place during the NHS week without any corresponding reduction in the PA value of NHS activity. This is on the basis that it is recognised that individuals should be able to displace up to two hours of NHS activity to another part of the week in order to deliver their non-NHS commitment at a time when they would normally have been delivering NHS activity.

If the average number of hours per week is in excess of two hours, then individuals will need to discuss with their Clinical and Service Managers a change to their NHS timetable or a corresponding reduction in the PA value of their NHS working week in order to facilitate the additional non-NHS activity during the NHS working week.

Notwithstanding the detail provided within the 'Code of Conduct for Private Practice' and the Terms and Conditions of Service, the following provides clarification of a number of issues, as understood locally.

Private Practice must not interfere with NHS on-call activity

It is important to emphasise that private practice work done when on call must not prevent immediate return to the hospital to attend emergencies if required. Guidance has been agreed which clarifies the behaviours expected of consultants and SAS doctors in respect of Private Practice and NHS on call work.

Private Patients in NHS Lothian

It is agreed that if private patients do require surgery in Lothian then every effort should be made to find extra theatre capacity rather than including the patient on a normal NHS list. If none is available then permission must be sought from the Service Manager on a patient by patient basis to displace NHS patients from a list. If a surgeon uses routine NHS operating time for private patients then he/she will be asked to repay that operating time for NHS patients by agreement with the Service Manager as per NHS Lothian's Financial Operating Procedure - The Management of Private, Overseas (Non NHS) or Co-payment Patients in NHS Lothian

In situations where NHS patients who come into an NHS Lothian hospital as an emergency then switch to Private Patient status, they may continue to be treated within the Board. However, no individual should receive payment twice for the same hours of work. A Consultant or SAS doctor who is scheduled for NHS time and receives a Private Practice payment, will repay either the time or the lost activity to their NHS job plan.

Discussion of Private Practice with NHS Patients

Consultants and SAS doctors should not initiate discussion of or promote their private practice in clinic. Information given in the NHS consultation should be documented carefully.

Private Practice and Job Planning:

All commitments to private professional services and fee paying services should be identified in the job plan.

Regular scheduled Private Practice activity should be clear on job plans and should not interfere with other Board duties. It is the responsibility of Clinical Managers to ensure that this takes place and there is no "double counting" of time.

Changes in Consultants and SAS doctors' job plans which may involve rearranging private practice commitments must be done by agreement with the Consultant / SAS doctor and Clinical and Service Managers. NHS Lothian will take into account any binding commitments made by the doctor e.g. leases.

It is noted that the requirement of individuals to 'offer the NHS first call on any spare professional capacity' applies to those undertaking private professional services and does not include fee paying services.

With regard to the 'NHS first call on any spare professional capacity', it has been agreed that part-time contract holders will only be asked to offer a pro-rata additional commitment to the NHS prior to undertaking private practice. This will be based on the number of contracted Programmed Activities they have and is in variance to the full '4 hours' proposed in the national Terms and Conditions of Service.

5. Clinical Academic activity

5.1. Introduction

The duties of a Clinical Academic staff member are to be set out in a single, integrated job plan which will cover all of their professional duties for both the substantive employer and the honorary employer.

The integrated job plan comprises 10 PAs and normally 1 EPA on behalf of the substantive and honorary employers being notionally 5 University PAs plus 1 EPA and 5 NHS PAs. Through agreement with the Academic Head of School or nominated deputy and the Clinical Director, this may be varied to better reflect the working pattern of an individual e.g. 7 University PAs plus 1 EPA and 3 NHS PAs or vice versa.

The contractual arrangements for Clinical Academic staff allow, by agreement between them and their employers, for flexible timetabling of commitments over a period. Flexible timetabling could help to meet varying NHS needs by allowing adjustment in working patterns at different times of the year and facilitate undergraduate teaching and research requirements. Full details are provided in Conditions of Service for Consultant Clinical Academic Staff Holding an Honorary NHS contract available on the University's Human Resources web pages

By agreement between the Head of School or nominated deputy and the Clinical Director, a University department may undertake to deliver an aggregate departmental NHS direct clinical care commitment normally equivalent to a minimum of 3 NHS PAs per established member of staff, with a range of NHS PAs in individual staff plans.

5.2. Job Plan Components

The Job Plan comprises two elements that together make up the integrated job plan:

UNIVERSITY ACTIVITY – These activities are captured on the electronic job planning system under the category 'Medical School'. As a guide the components are:

- Academic Teaching - Undergraduate teaching
- Academic Research - University postgraduate student education and training and supervision. (NHS PGMDE and professions allied to medicine are to be recorded under Supporting Professional Activity ~ Teaching)
- Academic Research - Research (may include clinics run purely for research by analogy with work in a laboratory)
- Academic Administration - Managerial and administrative activities in support of academic activities including School, University standing and ad hoc committee memberships
- Academic External Duties - External duties arising from and related to academic activity, eg membership of an MRC Board, or that of a major medical research charity

NHS ACTIVITY: These components are:

- Direct Clinical Care (includes Clinical Activity, Clinically Related Activity & Emergency Work)
- Supporting Professional Activity (i.e. CPD, Local Governance & Audit, Teaching (PGMDE and Professions allied to Medicine) and NHS Management meetings)
- Additional NHS Responsibilities

- External Duties related to NHS activity
- On-call activity

The NHS time in the job plan should be recorded, as per NHS colleagues. The starting point for Clinical Academics will be 1 PA for Core SPA activities. A typical academic job plan will comprise 5 PAs for NHS and 5 PAs for Academic work.

It is noted that research would normally be included in the University time. It is recognised however that exceptionally, Clinical Academics may be required to devote substantial time to clinical service improvements which may have a research element. Through discussion with the Head of School or nominated deputy and the Clinical Director, Clinical Academic Staff may reach agreement to include this time in the NHS component of the job plan. Consultants and SAS doctors will be expected to demonstrate supporting income for this activity.

The totality of activity undertaken for both the University and the Board will determine the integrated job plan. Following discussion with the individual, the Head of School or nominated deputy and the Clinical Director, this will determine the total number of programmed activities payable to the individual.

5.3. Agreement of Clinical Academic Programmed Activities

The University of Edinburgh have agreed criteria for the award of an additional Academic EPA to University employed Clinical Academic staff. No more than 1 academic EPA will be awarded by the University to any individual.

Annual, study & special professional leave

Clinical Academic staff should apply for leave from their Clinical Director, in the same manner as their NHS colleagues, in accordance with the NHS Lothian Procedure for Managing Leave (November 2013).

6. The Job Planning Process

Introduction

This section outlines the process followed for Consultant and SAS job planning.

At the start of each round of job planning, the Medical Director (Acute) will issue a letter to all specialties, via the monthly Medical Directorate meeting, detailing the annual process to be followed. This will include a copy of the annual sign off timetable, a reminder that job plans must include departmental and individual objectives and job plans are limited to a maximum of 12 PAs.

The guidance will also describe the escalation process to be followed if agreement cannot be reached in signing off the job plan. Managers will be reminded to use the Mediation setting on the electronic system, where agreement cannot be reached.

6.1. Specialty Specific Guide Preparation

Prior to commencing job planning, each specialty is required to complete a template, detailing the PA values to be applied to all activity. Examples of the activity to be included are provided at Appendix 1.

To do this, each department should:

- review the clinical workload as defined in the business plan, and decide upon the PA value associated with each clinical activities
- review the impact of any in-year changes to individual job plans
- understand the funding it receives (e.g. salaries, recharges, Medical School sessions, teaching roles etc) – so that it is clear about the totality of the pool of PAs available for distribution
- agree the number of PAs to be allocated across the department to teaching (undergraduate & postgraduate), research, management activities etc – making the link between income and PAs to be made available
- be aware of any additional responsibilities, in particular external duties, undertaken by Consultants and SAS doctors in their department, the impact this has on other Consultants and SAS job plans and the associated funding stream

As a result of this, each department should be able to communicate the following to the Consultants and SAS doctors in the department at a team job planning meeting

- detail of the Consultant and SAS resources required to deliver the business plan
- the PA value of all activity to be included in the job plan, where there is a fixed departmental value
- e.g. the value of an out-patient clinic or the time expected by Consultants and SAS doctors in attending management meetings (outside a formal management role) - note this time should be recorded on e-job plan under the Clinical Management section of SPA
- the PA value of on-call activity and the supplement to go with it

Departments should take a departmental view of PAs associated with activities and should understand the funding associated with the PAs they have available as a department. Funding may be temporary or permanent (e.g. PAs associated with Board roles such as Clinical Director) and

therefore the availability of PAs for distribution across Consultant and SAS job plans will need to be reviewed annually.

By pooling PAs at a departmental level, flexibility can be provided to the use of the funding within the department – e.g. All full time Consultant and SAS doctors receive 10 PAs. Additional PAs are then allocated up to a maximum of 12 for those Consultant and SAS doctors wishing to take on additional activity and any additional PA funding can then be used flexibly in the department during the year ahead.

All Consultants and SAS doctors who undertake sessions for NHS Lothian should complete a job plan for these sessions, regardless of whether or not the Board is their substantive employer.

Any increase in sessions to the department as a whole will need identified funding to support before it is agreed and scheduled

Departments should meet with all Consultants and SAS doctors prior to the commencement of job planning to communicate the outputs of the activity outlined in this section

Note: Prior to departmental job planning preparation commences, the Board will;

- review and communicate to departments, the number of PAs for additional responsibilities, such as Clinical Governance Lead, Postgraduate Lead, R&D Lead etc
- agree organisational service objectives to be incorporated into job plans
- publish the timetable for the job planning round
- confirm that the guidance remains unchanged from the previous round, or if not, publish details of any amendments

6.2. The job plan meeting

The Job Plan Review Meeting should be led by the Clinical Director. In preparation for this meeting the Clinical Director will have discussed the organisational and specialty priorities with the specialty team, as outlined above, and have agreed with the group the 'norms' to be applied to Direct Clinical Care and Supporting Professional Activity. Wherever possible it is recommended that team meetings are held to review job plans, these may be followed if necessary by meetings with individual Consultants and SAS doctors.

Electronic Job Planning enables the Clinical Director / Service Manager to review the proposed job plans prior to the review meeting, which means that if discussions are required with other parties, prior to the agreement of the job plans, these can commence ahead of the job plan review meeting. This should lead to a more fruitful discussion at the face-to-face meeting (e.g. if the proposed job plan requires a change of clinic time, this may require agreement from outpatient managers, which could be reached ahead of the job planning meeting allowing the job plan to be signed off more expediently)

6.3. Role of Consultants and SAS doctors in Job Planning Preparation

Each Consultant and SAS doctor should have their job plans formally discussed and agreed with their Clinical Director annually.

In preparation for the job plan review meeting each Consultant and SAS doctor will be expected to contribute to the discussions outlined above and to complete their proposed job plan on the electronic system, in accordance with the guidance issued.

Prior to completing the job plan they should consider the following:

- Job plan objectives
- Board / Directorate / service developments to which they could contribute
- Identification of all external commitments (including private practice)
- Any amendments to the previous job plan
- Any additional resources required to fulfil NHS commitments

6.4. The Job Plan Review Meeting

Attendees

The job plan review meeting is an opportunity for Consultants and SAS doctors to plan, with departmental representatives, their work for the forthcoming year. The meeting should include the appropriate Clinical Director and where relevant; the Service Manager as well as the individual Consultant and SAS(s).

If a Consultant / SAS doctor is employed by the University, and holds an Honorary contract with the Board then the Head of School or nominated Deputy should be included in the meeting.

For NHS Consultants / SAS doctors employed by more than one NHS Board, the intention is that future job plan reviews will be conducted as a three-way conversation between the individual Consultant / SAS doctor and representatives from both Health Boards or agreement will be confirmed and communicated on which Board is leading the job planning discussions.

6.5. The Discussion and Outcome

The meeting should aim to produce job plans that clearly define the expected work programme and schedule for the forthcoming year and the support that the Consultant / SAS doctor requires from the Board to deliver the work programme.

If agreement is reached between the parties, then the job plans should progress through the system in the electronic job planning system and be passed through the agreed organisational hierarchy framework for approval (to include Head of School or nominated Deputy for Clinical Academic staff where appropriate)

If agreement cannot be reached at the first meeting, then the parties will need to do further work and reconvene, with the intention of agreeing a job plan for approval by more senior Medical and Service Managers (and Head of School or nominated Deputy for Clinical Academic staff where appropriate).

If no agreement can be reached at this stage, then the Mediation and Appeals processes should be invoked.

6.6. Follow up after the Job Plan Review Meeting

Sign Off

The agreed proposed job plan will be electronically forwarded to the agreed Clinical Director and Clinical Service Manager, for ratification.

If the AMD and General Manager agree the Job Plan, unchanged, following the “Confirm & Challenge”* session, then the Clinical Director should progress the job plan through the system in e-job plan by giving final sign off status.

The ‘Confirm and Challenge session is where senior Clinical / Service Managers review all job plans in a Specialty, to ensure they are consistent, meet the Specialty’s specific guidance as well as the Board’s guidance. It is intended to act as a check and balance mechanism in the system. It may not happen annually to each specialty; rather a rolling programme may be established to apply some senior scrutiny to the process on a rolling basis. The process is intended to support Clinical Directors, highlight any discrepancies and reassure medical staff that all specialties are being treated fairly and equitably. Further guidance may be developed for this process.)

If there is disagreement regarding any aspect of the Job Plan following the “Confirm & Challenge” session, the first level sign off Clinical Director, Service Manager (and Head of School or nominated Deputy, if applicable), will be asked to reopen discussions with the Consultant / SAS doctor. Following this, the Job Plan will again be considered for final agreement with the AMD and General Manager.

If no agreement can be reached at this stage, then the Mediation and Appeals processes should be invoked.

The Head of Medical Workforce Planning will produce a report on a monthly basis, between February and September each year. This report will detail progress of job plan sign off, by specialty. This report will be sent to the Medical Director and Chief Operating Officer, to be tabled at their respective monthly Medical Directorate and Acute Senior Management Team meetings. The purpose of the report is to ensure job plans are signed off within agreed time scales, and appropriate action is taken, where job plans do not meet these requirements.

This report will be used to confirm that all Clinical Directors are regularly reviewing planning progress. Where there are performance concerns, and action is not being taken, the Medical Director (Acute) will escalate these issues to the appropriate Site / Service Director. **Maintenance of the Electronic Job Planning System**

The Head of Medical Workforce Planning is responsible for maintaining the system and keeping it up to date. This includes adding or deleting system users, as new doctors leave or join the organisation, liaising with Clinical Directors to ensure specialty specific language on the system is up to date, and maintain the list of managers with access to the system.

The Head of Medical Workforce Planning will be notified by Medical and Dental Recruitment Team when individual doctors leave or join the organisation, to ensure the system is kept up to date.

The electronic job planning system allows for three levels of sign off. The agreed sign off rights are:

- 1st level sign off – Clinical Director
- 2nd level sign off – Clinical Service Manager
- 3rd level sign off – Associate Medical Director.

The Medical and Dental Recruitment Team and the General Recruitment Team will notify the Head of Medical Workforce Planning when Clinical Directors, Clinical Service Managers and Associate Medical Director leave or take up post, to ensure the sign off levels on the system are maintained.

Template for Specialty Guide to Job Planning

The Specialty Guide should include information of the following areas, to support open and transparent job planning:

- A comprehensive list of Direct Clinical Care language to be uploaded to the electronic job planning system, using the main headings, as detailed in the contract of employment. This list should provide indicative tariffs for such activity, as well as details of any Specialty specific standards which are required. For example, surgeons may detail how much time is allocated for a full day operating – say 10 hours, and this may include pre and post op care, rather than allocating 0.5 hours at the start of the list for pre op care, 9 hours for the operating day and 0.5 hours for post op care. Similarly Admin time may be included for Out Patient clinics, as 3.5 hours patient facing time and 0.5 hours for admin – there may be a further 1 hour allocated at another time for further Admin associated with the Clinic.
- A list of all consultants / SAS doctors who are to be added to the electronic job planning system (including an NHS Lothian email address)
- The number of doctors on each rota, with the amount of time allocated for predictable and unpredictable emergency work.
- The amount of time required to attend Local Management meetings.
- The amount of time required for local Governance / Audit.
- The maximum amount of time allowed if having to return to work in an emergency.

Glossary of Terms

Direct Clinical Care: means work that directly relates to the prevention, diagnosis or treatment of illness. It includes:

- emergency duties (including work carried out during or arising from on call)
- operating sessions including pre-operative and post-operative care
- ward rounds
- outpatient activities
- clinical diagnostic work
- other patient treatment
- public health duties
- multi-disciplinary meetings about direct patient care
- patient related administration linked to clinical work i.e. directly related to the above (primarily, but not limited to, notes, letters and referrals).
-

Supporting Professional Activities: means activities that underpin Direct Clinical Care. These might include, but are not restricted to, participation in:

- audit
- continuing professional development
- local clinical governance activities
- postgraduate training
- undergraduate teaching (Clinical Academics – include under 'Medical School' duties)
- postgraduate training of other NHS professionals
- appraisal
- job planning
- research (Clinical Academics – include under 'Medical School' duties)

Extra Programmed Activities (EPAs) – these apply to consultants.

Additional Programmed Activities (APAs) – these apply to SAS doctors.

For both groups, they are activities which are contracted for on a separate basis from the substantive contract of employment. In the majority of cases, they will be capped at 2 EPAs, as this would take any Programmed Activities over 10 PAs. Part timers can be contracted for more than 2 EPAs, providing the total number of PAs worked does not exceed 12. Section 4.4 applies for consultants and Schedule 7 and 14 applies for SAS doctors.

Out-of-Hours: this is any time which falls outside the period 08:00 to 20:00 for consultants and 07:00 to 19:00 for SAS doctors, Monday to Friday and any time on a Saturday or Sunday, or statutory or public holiday

Statutory or Mandatory Training - this is training which NHS Lothian determines should be undertaken and includes:

- Child Protection Training
- Fire Lecture
- Equality & Diversity Training
- Others – as determined

Additional NHS Responsibilities (ANR) are of a professional nature, carried out for or on behalf of the employer or the Scottish Government which are beyond the range of the supporting professional activities normally to be expected of a Consultant. They include:

- Caldicott guardians
- Clinical Audit leads
- Clinical Governance leads
- Undergraduate and Postgraduate deans
- Clinical Tutors
- Regional Education Advisers
- Formal medical management responsibilities
- Any other additional responsibilities agreed between a consultant and his/her employer which cannot reasonably be absorbed within the time available for supporting professional activities

Other external duties comprises work not directly for the NHS employer, but relevant to and in the interests of the NHS and includes:

- Trade Union and professional association duties
- Acting as an external member of an advisory appointments committee
- Undertaking assessments for NHS Education for Scotland, NHS Quality Improvement for Scotland or equivalent bodies
- Work for the Royal Colleges

- Work for the General Medical Council or other national bodies concerned with professional regulation
- NHS disciplinary procedures
- NHS appeals procedures

Emergency Work – is time required for predictable and unpredictable work associated with emergency work (including return to hospital and telephone calls).

Frequency of on call to determine availability supplement, including Level of on call. There are two Levels of on call for Consultants and one Level of on call for SAS doctors

NHS Lothian - Electronic Job Planning Settings

NON-Clinical Activities

Supporting Professional Activities

Contractual Headings	Activity	Description	Tariff
Other	Core SPA	Includes: Appraisal, Job Planning, Revalidation, Audit, CPD, reading non-clinical emails	1 PA
	Supporting Professional Activities – Other (Please Specify)		
Appraisal	Appraising Others	NES Trained Appraisers	0.5 PAs per 10 appraisals
	Appraisal (Own)	Covered under Core SPA. This activity heading does not appear on the electronic system	
Continuous Professional Development	Continuous Professional Development	Covered under Core SPA. This activity heading does not appear on the electronic system	
	Reading/Journals/Journal Club		
	Mandatory Training	A comprehensive list to be developed by Simon Edgar. CDs / AMDs chose relevant training from this list for their specialty.	
Audit	Audit	Covered under Core SPA. This activity heading does not appear on the electronic system. Audit Leads – covered under 'Additional NHS Responsibilities'.	

Supporting Professional Activities (continued)

Contractual Headings	Activity	Description	Tariff
Teaching	Undergraduate Teaching	Includes contact hours, preparation time, examining and marking Clinical Academics use Medical School options.	Up to 10 hours / student or group / week
	Undergraduate Teaching Management – Year Director	Clinical Academics use Medical School options.	Up to 2 PAs
	Undergraduate Teaching Management – Module Organiser	Clinical Academics use Medical School options.	Between 0.25 to 1 PA
	Undergraduate Teaching Management – Local Module Lead	Clinical Academics use Medical School options.	0.5 PA
Training	Postgraduate - Named Clinical Supervisor	For doctors in training	0.25 PAs per trainee per week
	Postgraduate - Named Educational Supervisor	For doctors in training	8 hours per trainee per year
	Postgraduate Training of Other NHS Professionals	For all other groups of NHS Staff	
Management of Doctors in Training	Foundation Program Director		1PA
	Training Program Director	Based on NES Medical Directorate rates from 1/8/16: 0-6 trainees = 0PA 7-13 trainees = 0.5PAs 14-34 trainees = 1.0PAs 35-59 trainees = 1.5PAs 60-84 trainees = 2.0PAs 85-109 trainees = 2.5PAs 110 – 134 Trainees = 3PAs	0 – 4 PAs

		135 – 159 trainees = 3.5PAs >160 trainees = 4PAs	
	Rota Master	To include organising local induction as well as management of rotas.	
Revalidation	Revalidation	Covered under Core SPA. This activity heading does not appear on the electronic system	
Clinical Management	Clinical Management - Team Meetings		
	Departmental Meeting		
	Directorate Meeting		
Job Planning	Job Planning - Others		
	Job Planning (Own)	Covered under Core SPA. This activity heading does not appear on the electronic system	
Local Clinical Governance	Local Clinical Governance Lead		
Medical Education	Medical Education – Director		
	Medical Education - Deputy Director		
	Medical Education - Associate Director		
	Medical Education – Clinical Simulation Lead		

Supporting Professional Activities (continued)

Contractual Headings	Activity	Description	Tariff
Research	Research – Eligibly Funded (for use by NHS staff only)	Clinical Academics use Medical School options.	
	Research – Commercially Funded (for use by NHS staff only)	Clinical Academics use Medical School options.	
	Research – Supervising MD and PhD students (for use by NHS staff only)	Clinical Academics use Medical School options.	
Travel	Travel (Specify the SPA Activity Travel is linked to)		

Additional NHS Responsibilities

Contractual Headings	Activity	Description	Tariff
Caldicott Guardian	Caldicott Guardian		
Clinical Audit Lead	Clinical Audit Lead		
Clinical Director	Clinical Director		
Clinical Governance Lead	Clinical Governance - Lead		
	Clinical Governance - Patient Safety Lead		
	Clinical Governance - QIP Chair		
Clinical Tutor	College Clinical Tutor		
Director of Public Health	Director of Public Health		
Formal Medical Management Responsibilities	Specialty Professional Lead		
	Specialty Clinical Lead		
	SCAN Chair		
Medical Director	Medical Director		

Additional NHS Responsibilities (continued)

Contractual Headings	Activity	Description	Tariff
Postgraduate Dean	Postgraduate Dean		
	Associate Postgraduate Dean		
Regional Educational Advisor	College Regional Educational Advisor		
Undergraduate Dean	Undergraduate Dean		
Other	Additional NHS Responsibilities – Other (Please Specify)		
Travel	Travel (Specify Which Additional NHS Responsibility Activity This Is Linked To)		

External Duties

Contractual Headings	Activity	Description	Tariff
AAC External Member	Advisory Appointments Committee Member		
GMC Work	GMC Work (Please Specify)		
Assessment work for NES / QIS etc	NES or HIS Assessment work (Please Specify)		
Government Department Work	Government Department Work (Please Specify)		
Royal College Work For The NHS	Royal College Work For The NHS (Please Specify)		
Trade Union Duties	Trade Union Duties (Please Specify)		
Other	External Duties – Other (Please Specify)		
Travel	Travel (Specify Which External Duty Activity This Is Linked To)		

Fee Paying Services

Contractual Headings	Activity	Description	Tariff
Fee Paying Services	Fee Paying Services (Please Specify)		

Private Professional Services

Contractual Headings	Activity	Description	Tariff
Private Professional Services	Private Practice (Please Specify)		
	Travel Time (Associated with Private Practice)		

Medical School

The following options are for use by Clinical Academics ONLY

Contractual Headings	Activity	Description	Tariff
Medical School	Academic Research - Research	Includes planning and managing research, preparing grant applications and supervision of research staff	
	Academic Research – Supervision of MD and PhD students		
	Academic Teaching – Undergraduate Teaching	Includes contact hours, preparation time, examining and marking	
	Academic Teaching – Undergraduate Teaching Management	e.g. Year Director, Course Organiser, module organiser	
	Academic Teaching – Personal Tutoring		
	Academic Administration – University Committee work	Eg University undergraduate and postgraduate committees. Assistant Principalships, Vice Principalships	
	Academic Administration – College/School/Centre Management	e.g research and teaching committees, health and safety committees, equality and diversity committees	
	Academic Administration – other responsibilities (please specify)		
	Academic External Duties (please specify)	e.g Grant committees. Speaking at conferences, external examining, memberships of learned societies	